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**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA**

**IN RE: DA VINCI SURGICAL ROBOT
ANTITRUST LITIGATION**

Lead Case No. 3:21-cv-03825-VC

**THIS DOCUMENT RELATES TO:

ALL CASES**

EXPERT REPORT OF MAXWELL V. MENG, MD

January 18, 2023

Highly Confidential – Subject to Protective Order

I. EXPERTISE AND QUALIFICATIONS

1. I am a board-certified, fellowship-trained surgeon currently practicing medicine in San Francisco, California. I specialize in urology and urologic oncology and have been in practice for 20 years.

2. I received an undergraduate degree from Harvard College in biochemical sciences magna cum laude. I then attended the Johns Hopkins School of Medicine where I was elected to the Alpha Omega Alpha Honor Medical Society.

3. I completed training in general surgery and a residency in urology at the University of California, San Francisco (“UCSF”). I completed my fellowships in urologic oncology and minimally invasive surgery at UCSF. I am now Professor in Residence in the Department of Urology at UCSF and was named Chief of Urologic Oncology in 2013. I was director of the fellowship in Urologic Oncology for 15 years and am currently Vice-Chair of the Department of Urology; I have also served as the lead for Quality and Safety within the department. I am a member of the UCSF Clinical Performance Improvement Committee and Healthcare Technology Assessment Program.

4. I also teach at UCSF, including courses on minimally invasive techniques in the management of urologic cancers.

5. I am an active member of the American Urological Association (AUA), an active member of the Western Section of the AUA, an active member of the Society of Urologic Oncology, and a fellow of the American College of Surgeons. I was a member of the Fellowship Committee of the Society of Urologic Oncology and was also a consultant to the AUA Laparoscopy & Robotic Surgery Committee. I am the UCSF Cancer Liaison Physician for the American College of Surgeons Commission on Cancer and was a 2022 Outstanding Performance Award winner.

6. I have written nearly 200 peer-reviewed publications and over 18 chapters covering many aspects of oncology, minimally invasive surgery, and surgical technique.

7. I have been trained in and currently perform the entire spectrum of operations in urologic oncology, including those that involve endoscopic, open, laparoscopic, and robotic-assisted laparoscopic techniques. I have utilized available robotic-assisted laparoscopic systems since their introduction to UCSF in 2002, including the da Vinci S, Si, Xi, and SP platforms. In each of my 20 years in practice, I have performed nearly 400 cases annually, and currently approximately half of my practice involves laparoscopic or robotic surgery.

8. In the past four years, I have testified at deposition as an expert in the cases of *Chapman v. United States of America*, No. 19-cv-03998 (S.D. Ind.), *Meyer v. Doctors Medical Center of Modesto Inc.*, No. CV-20-001594 (Stanislaus Cty. Sup. Ct.), and *Toomey v. Wen*, No. RG20061120 (Alameda Cty. Sup. Ct.).

9. A complete summary of my qualifications, as well as a list of all publications I have authored in the past 10 years, is included in my Curriculum Vitae, attached as Appendix A.

II. ASSIGNMENT AND COMPENSATION

10. I am submitting this report at the request of counsel for Intuitive Surgical, Inc. (“Intuitive”), setting forth my opinions in the lawsuit of *In re Da Vinci Surgical Robot Antitrust Litigation*.

11. I have been asked to opine on the use of EndoWrist instruments that have been altered so that they could be used beyond the usage limits that were established by Intuitive and cleared by the FDA, and the potential risks and safety issues that could arise from the use of such an instrument.

12. In forming my opinions, I have reviewed pleadings in this case and parts of the factual record. I have also reviewed the expert reports submitted by Dr. Eugene Rubach in this

case, by Dr. Amandeep Mahal in *Surgical Instrument Service Company, Inc. v. Intuitive Surgical, Inc.*, and by Dr. John Bomalaski in several cases filed against Intuitive in Florida.¹

13. A list of materials I considered in forming my opinions in this report is attached as Appendix B. My opinions are based on my review of these materials, as well as my extensive training and experience.

14. I am being compensated for my time spent in preparing this report at an hourly rate of \$750. If deposed, my rate is \$750 per hour. If asked to testify at trial, my rate is \$6,000 per day. My compensation does not depend on the content of my opinions or the outcome of this matter.

III. SUMMARY OF OPINIONS

15. Laparoscopic surgery and robotic-assisted laparoscopic surgery are both types of minimally invasive surgery. For most procedures, the surgeon and patient have a choice of modalities, including open, laparoscopic, or robotic approaches. There is no one “right” modality for every procedure. Rather, the surgeon and patient consider the potential advantages and disadvantages of each approach as relevant to the patient’s specific circumstances and surgeon experience. In my experience, I frequently use a traditional laparoscopic approach instead of robotic-assisted laparoscopic surgery for some procedures.

16. EndoWrists are the surgical instruments that are attached to a da Vinci surgical robot. I understand Intuitive established, and the FDA cleared, limits on how many times EndoWrists may be used. I understand Intuitive designed these limits to support the reliability of EndoWrists such that an EndoWrist can be expected to perform in the same manner on each use.

¹ *Rebotix Repair LLC v. Intuitive Surgical, Inc.*, No. 20-cv-2274 (M.D. Fla); *Restore Robotics LLC, et al. v. Intuitive Surgical, Inc.*, No. 19-cv-55 (N.D. Fla).

17. I rely on the judgment and expertise of Intuitive and the FDA to set appropriate limits for the use of EndoWrists. I do not have the technical engineering background or expertise to question those limits. For that reason, I would not use EndoWrist instruments that had been altered so that they could be used beyond the number of uses established by Intuitive and cleared by the FDA.

18. In my view, the fact that I have rarely experienced EndoWrist failure indicates that the current and FDA-cleared usage limits support the reliability of EndoWrists.

19. Dr. Rubach states that he would be comfortable using an EndoWrist beyond the FDA-cleared number of uses. I do not agree with how Dr. Rubach arrived at this view.

20. For example, Dr. Rubach states that he has never experienced an EndoWrist failure that seriously jeopardized a patient's safety and that the failure of an EndoWrist during a surgical procedure can be readily addressed. I am surprised by his cavalier attitude in this regard. In my view, the consequences of an EndoWrist failure could be unpredictable and potentially catastrophic to the patient—even in an otherwise routine procedure. As such, I believe it is important to minimize the risk of EndoWrist failure as much as feasible, including by adherence to the use limits established by Intuitive and cleared by the FDA.

21. In addition, Dr. Rubach states that he would be comfortable using EndoWrists that a third party has modified to add additional uses because he routinely uses reprocessed laparoscopic instruments. An EndoWrist is different than a traditional laparoscopic instrument, however, and I do not believe it is appropriate to compare the two types of instruments in this context. In addition, I do not believe it is appropriate to compare these EndoWrist alterations with traditional instrument reprocessing. Among other things, I understand neither the resetting process nor the reset instrument bearing additional uses is cleared by the FDA (with one limited exception discussed below). The traditional reprocessing of laparoscopic instruments does not

typically raise such concerns. Indeed, I understand that many traditional instruments are cleared by the FDA without any prescribed limit on the number of uses, unlike the usage limits for EndoWrists that were established by Intuitive and cleared by the FDA.

IV. MINIMALLY INVASIVE MODALITIES

22. Traditional open surgery refers to the type of procedure where access to the area of interest and performance of the operation is done via an incision in the skin, and the area of interest is visualized directly. The incisions required for open surgery can be sizeable for some operations, but can also be relatively small (e.g. one inch) for other operations. Open surgery is typically performed by the surgeon with their hands directly on and manipulating the instruments.

23. Minimally invasive surgery is a type of intervention where the incision(s) or entry to the body are minimized to perform the procedure or operation. In order to perform these types of operations, visualization is accomplished by small video camera-equipped scopes as well as small, specialized instruments. Minimally invasive surgery most often refers to endoscopic procedures (e.g. colonoscopy, cystoscopy) or laparoscopic procedures (endoscopy within the abdomen), described below. In general, minimally invasive operations mimic the same traditional open procedure with respect to what is actually done, albeit with the difference in the means of access.

24. Laparoscopic surgery is one type of minimally invasive surgery. Traditional laparoscopy involves the use of a laparoscope and long surgical instruments introduced into the body (i.e. abdomen) through trocars (narrow tubes) inserted via incisions made on the patient's body surface. A laparoscope is a long, tube-shaped instrument containing a video camera and light source, which allows the surgeon to see inside the patient's body. During laparoscopic

surgery, the surgeon observes the video feed, typically on a monitor, and directly manipulates the instruments to accomplish the surgery.

25. Standard laparoscopic instruments are long, straight, and rigid instruments which are used to perform a particular function. Common laparoscopic instruments include graspers, scissors, energy-delivery devices, and needle drivers.

26. Robotic surgery is also a type of minimally invasive surgery, and I typically refer to this as robotic-assisted laparoscopic surgery. When conducting robotic surgery using a da Vinci surgical robot, the robot's arms hold and manipulate EndoWrist instruments. The instruments are similarly inserted into the body through trocars, including one containing the camera and light source (analogous to the laparoscope). The surgeon conducting robotic-assisted laparoscopic surgery sits at the surgeon console, where the surgeon views the camera feed through a three-dimensional, high-definition vision system and manipulates the EndoWrists remotely using the master hand controls.

27. EndoWrist instruments are "wristed" instruments, meaning the distal ends of the instruments can move independently of the shaft and provide more degrees of freedom than traditional laparoscopic instruments. EndoWrists are typically designed to allow the surgeon to perform actions or functions similarly as with laparoscopic instruments, such as grasping or cutting, but with a greater degree of dexterity and precision given their wristed structure.

V. CHOICE OF MODALITY

28. For most procedures, the surgeon and patient have a choice of modalities, including open, laparoscopic, or robotic approaches. Examples of this in urologic oncology include removal of the prostate for cancer (radical prostatectomy) and removal of a portion of the kidney for cancer (partial nephrectomy); these are two of the most common operations I perform.

The choice of modality is typically discussed with the patient as part of obtaining the patient's informed consent to the surgical procedure.

29. Minimally invasive surgery may offer several advantages compared with open surgery. Some of these advantages include smaller incision size, less pain, shorter duration of hospitalization, and fewer complications after surgery (e.g., infection).

30. Among minimally invasive modalities, robotic surgery often offers certain advantages over laparoscopic surgery. These include the ability to perform more complex operations, enhanced visualization during surgery, and shorter operative time.

31. However, there are some procedures or situations where a surgeon or patient may prefer laparoscopic or open surgery over a robotic surgery. For example, I typically perform removal of the entire kidney for cancer (radical nephrectomy) via the laparoscopic approach because I do not see added benefit of using the robot.

VI. USE OF ALTERED ENDOWRISTS

32. All instruments, including laparoscopic instruments and EndoWrists, wear down over time—and that can present risks to patients. If the instruments do not function properly or as intended by the surgeon, then this can lead to unintentional actions which can cause injury to tissue or may cause bleeding, or prevent the surgeon from efficiently performing an action.

33. I am familiar with the use limits on EndoWrists. Many EndoWrists are limited to 10 uses, but some instruments have been cleared for more uses and some for fewer. I understand those limits were established by Intuitive, informed by Intuitive's testing, and cleared by the FDA. I also understand those usage limits are in place to support the reliability of EndoWrists and reduce the risk of EndoWrist failures. As such, the use limits have been designed with patient safety in mind.

34. My top priority in all procedures and circumstances, and in my experience the top priority of all professional surgeons, is the safety of patients. Part of my commitment to patient safety means using medical instruments consistent with their manufacturers' instructions and FDA clearance.

35. I do not have the technical engineering background or expertise to "second guess" the EndoWrist usage limits established by Intuitive and cleared by the FDA. I rely on the judgment and expertise of Intuitive and the FDA to set appropriate limits for those devices.

36. For that reason, I would not use EndoWrist instruments that had been altered so that they could be used beyond their number of FDA-cleared uses.

37. I have experienced very few failures of an EndoWrist, and this clinical experience suggests that using them in accordance with manufacturer guidelines and FDA clearance is appropriate and maximizes patient safety. In other words, the fact that EndoWrists fail very rarely indicates to me that Intuitive has established and the FDA has cleared usage limits that support the reliability of EndoWrists.

38. Even if I were interested in using an EndoWrist that had been altered so that it could be used beyond its number of FDA-cleared uses—and I am not—I am confident that my medical center would not allow me to do so currently because these devices do not have FDA clearance for use with the robot.

39. I understand that there are third party companies that offer a service to "reset" EndoWrists by resetting the use counter in such instruments so that they could be used beyond the FDA-cleared number of uses. I further understand that the process those companies use to reset EndoWrists to add additional uses requires FDA clearance, but that the FDA has not provided that clearance. I understand that the FDA only recently granted clearance for a company to perform one reset (i.e., adding 10 uses) to one EndoWrist instrument (Si Monopolar

Curved Scissors). For all other instruments, and all other companies, the fact that this “reset” process has not been cleared by the FDA is the reason I would not use an EndoWrist that had been reset by one of these companies so that it could be used beyond the FDA-cleared number of uses. I have never personally engaged in discussions with any of these companies to discuss the use of reset EndoWrists at our institution, and I am not aware of the leadership of our medical center ever considering or pursuing this option.

40. Dr. Rubach states that he would be comfortable using EndoWrists that had been reset so that they could be used beyond the approved number of uses. I do not agree with how he arrives at this view and I would not utilize these instruments.

A. Risks to Patient Safety

41. Dr. Rubach states that the failure of an EndoWrist during a surgical procedure can be readily addressed. He further states that he has experienced “several” EndoWrist failures, but that “[n]one of the EndoWrist failures I encountered during surgery resulted in harm to the patient. The ‘failed’ instrument simply was swapped out for a working one and the surgery carried on as planned.”²

42. I am glad that the specific EndoWrist failures that Dr. Rubach encountered did not cause a serious adverse event, and he was fortunate. However, I disagree with any suggestion that the failure of an EndoWrist would never jeopardize a patient’s safety. Regardless of the complexity of the operation, and even in routine cases, I do not think the surgeon should tolerate preventable equipment failure of any type. The consequences of such a failure can be unpredictable and severe; in fact, some of the most catastrophic complications I have seen arose from seemingly minor issues. If we could predict the severity of complications, then we would

² Rubach Report at ¶¶ 26-27.

be able to avoid them. For example, if an EndoWrist malfunctioned or failed, it could cause injury to bowel or a blood vessel which could lead to catastrophic problems in the former if not identified and significant bleeding in the latter, which may or may not be successfully controlled. As another example, an energy-delivery device (e.g. EndoWrist Cautery) could develop a break in the insulation which could lead to unintended, and unrecognized, transmission of energy to tissue resulting in thermal injury (i.e., burn).

43. For these reasons, I believe it is important to minimize the risk of EndoWrist failure as much as feasible. I believe that adherence to the use limits established by Intuitive and cleared by the FDA helps mitigate the risk of failure and resultant risk of injury to patients. As such, and as I said above, I would not use an EndoWrist that had been modified so that it could be used beyond that limit.

44. To the extent that Dr. Rubach is suggesting that we should tolerate *more* EndoWrist failures because such failures do not jeopardize patient safety, I could not disagree more. As a responsible surgeon, I seek to *minimize* instances of instrument failure, including that of EndoWrists.

B. Comparison to Reprocessing of Laparoscopic Instruments

45. In addition, Dr. Rubach states that he is comfortable using reset EndoWrists beyond their approved use limits because he routinely uses regular laparoscopic instruments that have been repaired or reprocessed by third parties.

46. Dr. Rubach states, for example, that he routinely uses repaired or reprocessed laparoscopic instruments, and that “there is no reason to treat EndoWrist instruments differently than their laparoscopic counterparts” in this context.³

³ Rubach Report at ¶¶ 29, 34-35.

47. I do not believe it is appropriate to compare EndoWrists and regular laparoscopic instruments in this context; the former are fundamentally different and more complex than the latter. In addition, I do not believe it is appropriate to conflate the reset services offered by these third parties with the traditional reprocessing of regular laparoscopic instruments. In particular, I understand the process these third parties use to reset EndoWrists to add additional uses requires but does not have FDA clearance; this is not true and applicable for standard laparoscopic instruments. In addition, resetting these EndoWrists to add uses takes the instrument out of FDA compliance. Neither of those issues is true for traditional reprocessing/repair services. Like Dr. Rubach, I routinely use reprocessed laparoscopic instruments where the FDA has not imposed a limit on how many times such instruments may be used. I would not use a reset EndoWrist where neither the resetting process nor the resulting reset instrument was cleared by the FDA.

48. Dr. Rubach also states that EndoWrists, like regular laparoscopic instruments, should be “until they either cease to function effectively or show signs of likely imminent failure,” at which point “they can be evaluated by a hospital, a surgeon and/or a surgical device repair company and, if appropriate, tuned up and returned to use.”⁴ I would not be comfortable using a visual inspection to determine when an EndoWrist “shows signs of likely imminent failure,” particularly since an EndoWrist (unlike many traditional laparoscopic instruments) has internal components that are not visible to the naked eye. I rely instead on the usage limits established by Intuitive and cleared by the FDA, which have helped ensure that EndoWrist failures are rare.

49. In a hypothetical scenario where I intended to use an EndoWrist instrument that had been altered to operate beyond its FDA-cleared number of uses—and, as set forth above, I

⁴ Rubach Report at ¶ 35.

cannot image such a scenario—I would feel obligated to disclose this information to my patient in advance in order to obtain the patient’s informed consent. In addition, and as I said above, I cannot envision a scenario where my medical center would permit me to use such an instrument.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 18th day of January 2023, at San Francisco, California.

Maxwell V.
Meng

Digitally signed by Maxwell V.
Meng
DN: cn=Maxwell V. Meng, o, ou,
email=max.meng@ucsf.edu, c=US
Date: 2023.01.18 22:21:19 -08'00'

Maxwell V. Meng, MD

APPENDIX A**CURRICULUM VITAE**

Name: Maxwell V Meng, MD

Position: Professor In Residence, Step 4
Urology
School of Medicine

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550 16th Street 6th Floor
University of California, San Francisco
San Francisco, CA 94143
Voice: 415-353-9518
Fax: 415-353-7093
Email: max.meng@ucsf.edu

EDUCATION

1987 - 1991	Harvard College, Cambridge, MA	A.B.	Biochemistry
1991 - 1995	Johns Hopkins School of Medicine, Baltimore, MD	M.D.	AOA
1995 - 1996	University of California San Francisco	Intern	Surgery
1996 - 1997	University of California San Francisco	Resident	Surgery
1997 - 2000	University of California San Francisco	Resident	Urology
2000 - 2001	University of California San Francisco	Chief Resident	Urology
2001 - 2002	University of California San Francisco	Fellow	Laparoscopy
2001 - 2003	University of California San Francisco	Fellow	Oncology

LICENSES, CERTIFICATION

1997	State of California, Medical License #A062995 (active)
2001	DEA Controlled Substance Registration #BM7337478 (active)
2004	Diplomate of the American Board of Urology #14773 (active, re-certification until 2034)
2010	State of California, Fluoroscopy Supervisor and Operator #RHC 00169278 (active)

PRINCIPAL POSITIONS HELD

2001 - 2003	University of California San Francisco	Clinical Instructor	Urology
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2003 - 2007	University of California San Francisco	Assistant Professor	Urology
2007 - 2013	University of California San Francisco	Associate Professor	Urology
7/2013 - present	University of California San Francisco	Professor	Urology

OTHER POSITIONS HELD CONCURRENTLY

2001 - present	San Francisco Veterans Hospital	Attending Surgeon	Urology
2001 - present	San Francisco General Hospital	Attending Surgeon	Urology

HONORS AND AWARDS

1987	Westinghouse Science Talent Search, 7th Place	
1991	Magna cum laude	Harvard College
1992	NIH Research Fellowship	
1994	AFUD Research Award	
1995	Alpha Omega Alpha, Johns Hopkins	
1998	Second Prize	Northern California Urology Residents Seminar
1998	SMRU Traveling Award	
1998	Finalist	SMRU/ASRM Paper Competition
1998	First Prize	Posters, Western Section AUA
1999	Third Prize	Northern California Urology Residents Seminar
2001	Pfizer Scholar in Urology	
2002	3rd Place, Western Section AUA	Joseph F. McCarthy Essay Contest
2002	Prostate Cancer Research Fellow	
2004	William R. Smart Distinguished Teaching Award (selected by residents)	
2004	3rd Place, Western Section AUA	Joseph F. McCarthy Essay Contest
2004	Third Prize, Posters	Western Section AUA
2004	AUA/NIDDK travel award	

2004	William R. Smart Distinguished Teaching Award (selected by residents)	
2005	Excellence in Direct Teaching	Haile Debas Academy of Medical Educators
2006	Ambrose/Reed Socioeconomic Prize Essay winner (AUA)	
2006	AUA Leadership Program (1 of 16 selected nationally biennially)	
2006	2nd Place, Western Section AUA (mentor)	Miley B. Wesson Essay Contest
2008	AUA-EAU Fellowship Exchange program (1 of 3 biennially)	
2008	Ambrose/Reed Socioeconomic Prize Essay winner (AUA)	
2010	Excellence in Direct Teaching Award (nominee)	
2011	1st place, Western Section AUA (mentor)	Joseph F. McCarthy Essay Contest
2011	Top reviewer (one of 13 worldwide)	British Journal of Urology International
2011	Excellence in Direct Teaching (nominee)	
2011	William R. Smart Distinguished Teaching Award (selected by residents)	
2014	Top reviewer	Journal of Urology
2015	Peter R. Carroll Resident Mentorship Award (selected by residents, inaugural)	
2022	Cancer Liaison Physician Outstanding Performance Award	American College of Surgeons

CLINICAL ACTIVITIES

CLINICAL ACTIVITIES SUMMARY

Over the past 20 years I have maintained a busy practice in urologic oncology, primarily consisting of management of patients with prostate, urothelial, renal, and testicular carcinomas. I have collaborated closely with colleagues in both medical oncology and radiation oncology in providing a multidisciplinary approach to these complex cases. In addition, much of my time has been committed to the teaching of residents in urology and fellows in urologic oncology.

CLINICAL SERVICES

2001 - present	Attending Surgeon, Division of Urology, SFVA Hospital	As needed
2001 - present	Attending Surgeon, Department of Urology, ZSFGH	1 day per month
2003 - present	Attending Surgeon, Department of Urology, UCSF	Full-time

PROFESSIONAL ACTIVITIES**MEMBERSHIPS**

1991 - present Harvard Alumni Association

1995 - present Johns Hopkins Alumni Association

1998 - 2001 American Society of Reproductive Medicine

2001 - present American Association of Clinical Urologists

2003 - present Western Section AUA, Member

2003 - present Society of Laparoendoscopic Surgeons

2004 - present American Urological Association, Member

2005 - present American College of Surgeons, Fellow

2006 - present Society of Urologic Oncology

2012 - present Society of University Urologists, Member

2017 - present Western Urologic Forum, Member

SERVICE TO PROFESSIONAL ORGANIZATIONS

2006 - 2006	World Congress of Endourology	Abstract reviewer
2007 - 2009	Board of Directors of the Western Section AUA	Alternate (2 year term)
2007 - 2007	AUA Laparoscopy & Robotic Surgery Committee	Consultant
2007 - 2011	Northern California Urological Society	Secretary
2009 - 2011	Board of Directors of the Western Section AUA	Region representative
2008 - 2011	Cancer and Leukemia Group B GU Committee	Member
2010 - 2011	Cancer and Leukemia Group B Surgery Committee	Member
2011 - 2012	Northern California Urological Society	President
2011 - present	Alliance for Clinical Trials in Oncology GU Core Committee	Member, Renal surgical cadre leader
2011 - present	Alliance for Clinical Trials In Oncology Surgery Committee	Member

2011 - present	American College of Surgeons, Clinical Research Program Education Committee	Member
2012 - present	American College of Surgeons	Candidate interviewer
2012 - 2014	Northern California Urological Society	Board member
2012 - 2016	Society of Urologic Oncology	Fellowship committee
2012 - present	Bladder Cancer Advocacy Network	Think tank invitee
2013 - present	Bladder Cancer Advocacy Network	Scientific Advisory Board
2015 - present	Cancer.net (website for ASCO)	Genitourinary cancer advisory panelist
2016 - 2020	American Board of Urology	Examination committee member
2021 - present	American Board of Urology	OKAT examination committee member
2023 - present	American Board of Urology	Oral examination committee member

SERVICE TO PROFESSIONAL PUBLICATIONS

2001 - present	Journal of Urology - ad hoc reviewer
2001 - present	Urology - ad hoc reviewer
2001 - present	Journal of Endourology - ad hoc reviewer
2002 - present	Cancer Investigation - ad hoc reviewer
2003 - present	Asian Journal of Andrology - ad hoc reviewer
2003 - present	Clinica Chimica Acta - ad hoc reviewer
2004 - present	Annals of Surgical Oncology - ad hoc reviewer
2004 - present	Urologic Oncology: Seminars and Original Investigation - ad hoc reviewer
2004 - present	Surgical Laparoscopy Endoscopy & Percutaneous Techniques - ad hoc reviewer
2005 - present	BioMed Central Urology - ad hoc reviewer
2005 - present	American Journal of Transplantation - ad hoc reviewer
2006 - present	European Urology - ad hoc reviewer
2006 - present	British Journal of Urology International - ad hoc reviewer
2007 - present	Journal of Medical Case Reports - ad hoc reviewer

2007 - present Indian Journal of Urology - ad hoc reviewer
 2008 - present Human Reproduction - ad hoc reviewer
 2008 - present Clinical Medicine - Oncology - ad hoc reviewer
 2008 - present UroToday International Journal - ad hoc reviewer
 2010 - present Cancer - ad hoc reviewer
 2011 - present Journal of Clinical Oncology - ad hoc reviewer
 2011 - present European Urology - ad hoc reviewer
 2012 - present PLoS One - ad hoc reviewer
 2003 - present Commentator, American Journal of Urology Review (Editorial)
 2004 - present Commentator, Abstracts in Hematology and Oncology (Editorial)
 2006 - present Associate Editor, Advances in Urology (Editorial)
 2009 - present Editorial Board, Case Reports in Medicine (Editorial)
 2009 - present Commentator, MedPage Today (Editorial)
 2011 - present Associate Editor, Urologic Oncology (Editorial)
 2012 - present Editorial Board, Dataset Papers in Medicine (Editorial)
 2013 - present Editorial Board, British Journal of Urology International (Editorial)
 2013 - present Editorial Board, Urologic Oncology Clinical Survey Section (Editorial)
 2015 - 2019 Assistant Editor, Journal of Urology (Editorial)
 2016 - present Editorial Board, Bladder Cancer (Editorial)

INVITED PRESENTATIONS - INTERNATIONAL

2006	Laparoscopic Surgery in Urology Gazi University, Ankara, Turkey	Visiting Professor
2008	2nd International Symposium on Renal Insufficiency Tokyo, Japan	Speaker and panel member
2016	Great Wall International Translation Andrology and Urology Forum Tianjin, China	Speaker
2019	AUA-AUSTEG BLUS Course Bangkok, Thailand	Course faculty

INVITED PRESENTATIONS - NATIONAL

2002	Society of Urologic Oncology, NIH speaking on Open radical prostatectomy for prostate cancer
2002	Western Section American Urological Association, Hawaii: Laparoscopy in Urology Session

2003	Western Section American Urological Association, Las Vegas: Kidney/Laparoscopy Session	Co-Moderator
2004	Western Section American Urological Association, San Diego: Postgraduate course, Urolithiasis: Medical and Surgical Management	Instructor
2004	Western Section American Urological Association, San Diego: Controversies in Urinary diversion	Panel member
2005	Western Section American Urological Association, Vancouver, BC: KidneyBladder/Urethra Session	Co-moderator
2005	American Urological Association Annual Meeting: Post-graduate course (Laparoscopic Complications) (2005-2006)	Co-director
2006	University of California San Francisco: Current Controversies in Urologic Oncology	Course Director
2006	Western Section American Urological Association, Hawaii: Kidney/Laparoscopy Session	Co-moderator
2007	Western Section American Urological Association, Scottsdale: Prostate Session and Bladder Session	Co-Moderator
2008	American Society of Nephrology; Prostate Cancer and the Transplant Patient	Invited speaker
2008	American College of Surgeons, San Francisco	Moderator
2009	James C. Kimbrough Urological Seminar	Invited speaker
2010	Western Section American Urological Association, Hawaii: Postgraduate course, Testis and Penile Cancer	Instructor
2010	Western Section American Urological Association, Hawaii: DVD Surgi-Session	Moderator
2010	American College of Osteopathic Surgeons	Invited speaker
2010	University of California San Francisco: Innovations in Urologic Oncology: Bladder Cancer - What's New, What's Needed, What's Next	Co-director
2011	Western Section American Urological Association, Vancouver, BC: DVD Surgi-Session	Moderator
2012	GU ASCO, San Francisco: Competing Risks and Treatment Trade-Offs: Kidney Cancer in the Vulnerable Patient	Invited speaker
2012	American College of Surgeons, San Francisco	Moderator
2012	International Symposium on Uro-Oncology, Roswell Park Cancer Institute: Active Surveillance	Invited speaker

2012	Western Section American Urological Association, Hawaii: Postgraduate course, Treatment of Locally Advanced Prostate Cancer -- Surgery or Radiation?	Invited speaker
2013	GU ASCO, Orlando, FL: Poster walk leader for Bladder Cancer	Invited faculty
2013	University of California San Diego Department of Urology Post-graduate Course	Invited speaker
2015	University of California Davis Department of Urology	Visiting professor
2017	Kidney Cancer Association Annual Meeting	Invited speaker
2017	American Urological Association Annual Meeting, Boston MA: Prostate Cancer session	Moderator
2018	Society of Urologic Oncology, AUA Meeting	Moderator
2020	GU ASCO, San Francisco, CA: Kidney Cancer Case-Based Panel	Invited faculty

INVITED PRESENTATIONS - REGIONAL AND OTHER INVITED PRESENTATIONS

2000	UCSF Postgraduate Course. Laparoscopic Urologic Surgery Specimen retrieval in laparoscopic surgery	
2000	UCSF Urologic Laparoscopy Course (2000-2004)	Instructor
2001	Kaiser Permanente Laparoscopy Course	Instructor
2003	UCSF Postgraduate Course. Urologic Oncology: Rational approach to stage I testis cancer, Management of high-risk bladder cancer	
2003	UCSF Postgraduate Course, Department of Medicine: Prostate cancer screening	
2004	UCSF Postgraduate Course: Topical hemostatics in laparoscopy	
2004	UCSF Primary Care: Prostate cancer screening	
2004	UCSF-Fresno Grand Rounds, Department of Medicine - Evaluation of Hematuria	
2005	UCSF Postgraduate Course. Urologic Oncology: Prostate cancer prevention trials Intravesical therapy for bladder cancer	
2006	UCSF Postgraduate Course. Common problems in urology: Shock-wave lithotripsy vs. ureteroscopy for renal stones Surveillance for small, incidental renal masses High-risk stage I non-seminomatous germ cell tumors	
2006	Northern California Genitourinary Tumor Board, Napa	Panel member

2006	Northern California Urological Resident Research Seminar	Moderator and organizer
2007	UCSF Postgraduate Course: When is laparoscopic RPLND indicated?	Director
2007	UCSF Grand Rounds, Department of Urology - Update in Testicular Cancer	
2009	UCSF Postgraduate Course:Supplements: Implications of SELECT	Moderator
2010	UCSF Postgraduate Course. Innovations in urologic cancer: bladder cancer; Radical cystectomy: strategies to reduce perioperative morbidity	Co-director and moderator
2010	Bladder Cancer Support Group: Radical cystectomy	
2012	UCSF Grand Rounds, Department of Urology - "Advanced" Surgery for Renal Cell Carcinoma	

GOVERNMENT AND OTHER PROFESSIONAL SERVICE

2006 - 2006	Department of Defense Prostate Cancer Research Program	Grant review committee
2009 - 2009	Department of Defense Prostate Cancer Research Program (Detection, Diagnosis, and Prognosis)	Grant review committee
2010 - 2010	Department of Defense Prostate Cancer Research Program (Exploration-Hypothesis Development Award, Pathobiology)	Scientific reviewer
2010 - 2010	Department of Defense Prostate Cancer Research Program (IDEA and Synergistic Idea Development Awards)	Scientific reviewer
2011 - 2011	Department of Defense Prostate Cancer Research Program (Detection, Diagnosis, and Prognosis)	Grant review committee
2012 - 2012	Department of Defense Prostate Cancer Research Program (Prevention, Treatment and Epidemiology)	Scientific reviewer
2013 - present	Bladder Cancer Advocacy Network Young Investigator Awards	Scientific reviewer
2013 - present	American College of Surgeons Commission on Cancer	Cancer Liaison Physician

UNIVERSITY AND PUBLIC SERVICE

SERVICE ACTIVITIES SUMMARY

I have had an increasing leadership role within the Medical Center, with an emphasis on quality of care, addressing issues relevant for the clinical faculty, and ensuring a seamless transition of Cancer Center activities to the Mission Bay campus in 2015. I am also involved in

improving the operations and efficiency in the operating room arena. In addition, I continue to run the fellowship in urologic oncology and have increased the educational activities and improved inter-disciplinary interactions. I also serve as a consultant regarding urologic and urologic oncology issues to local organizations.

UCSF CAMPUSWIDE

2006 - present	Healthcare Technology Assessment Program, UCSF	Committee member
2008 - 2010	Clinical Affairs Committee, UCSF	Committee member
2010 - 2011	Clinical Affairs Committee, UCSF	Vice-chair
2011 - 2012	Clinical Affairs Committee, UCSF	Chair
2012 - 2013	Clinical Affairs Committee, UCSF	Committee member
2009 - 2014	Tissue Committee, UCSF	Committee member
2009 - 2014	Contracting Committee, UCSF	Committee member
2011 - 2013	Senate Membership Task Force, UCSF	Committee member
2014 - present	Payer Partnerships Committee	Co-chair

SCHOOL OF MEDICINE

2003 - present	Genitourinary Oncology Protocol Review Committee	Committee Member
2012 - present	Surgical Care Improvement Project	Committee Member

DEPARTMENTAL SERVICE

2004 - present	Elective in Urologic Oncology (140.06), UCSF	Course co-director
2006 - 2007	Urologic Oncology Fellowship, UCSF	Assistant Director
2007 - present	Urologic Oncology Fellowship, UCSF	Director
2009 - present	Quality Improvement	Department champion
2017 - 2021	Quality and Safety	Associate Chair
2021 - present	UCSF Department of Urology	Vice-chair

COMMUNITY AND PUBLIC SERVICE

2003 - 2019	Regional Cancer Foundation	Volunteer consultant
2004 - 2019	Glide Health Clinic/Glide Memorial Church	Volunteer physician and consultant, Organizer of yearly prostate cancer screening program

PEER REVIEWED PUBLICATIONS

1. Roma P, Gregg RE, Bishop C, Ronan R, Zech LA, Meng MV, Glueck C, Vergani C, Giudici G, Brewer HB, Jr. Apolipoprotein A-I metabolism in subjects with a PstI fragment length polymorphism of the apoA-I gene and familial hypercholesterolemia. *Journal of Lipid Research* 31:1753-1760, 1990.
2. Schiller MR, Mende-Mueller L, Moran K, Meng MV, Miller KW, Hook VYH. "Prohormone thiol protease" (PTP) processing of recombinant proenkephalin. *Biochemistry* 34:7988-7995, 1995.
3. Polascik TJ, Pound CR, Meng MV, Partin AW, Marshall FF. Partial nephrectomy: technique, complications and pathological findings. *J Urol.* 1995 Oct; 154(4):1312-8. PMID: 7658526
4. Polascik TJ, Meng MV, Epstein JI, Marshall FF. Intraoperative sonography for the evaluation and management of renal tumors: experience with 100 patients. *J Urol.* 1995 Nov; 154(5):1676-80. PMID: 7563320
5. Morey AF, Meng MV, McAninch JW. Skin graft reconstruction of chronic genital lymphedema. *Urology.* 1997 Sep; 50(3):423-6. PMID: 9301709
6. Phan ST, Meng M, Weidner N. Collision tumor: a peripheral neuroepithelioma and a transitional-cell carcinoma occurring simultaneously in the renal pelvis. *Ann Diagn Pathol.* 1997 Dec; 1(2):91-8. PMID: 9869830
7. Turek PJ, Givens CR, Schriock ED, Meng MV, Pedersen RA, Conaghan J. Testis sperm extraction and intracytoplasmic sperm injection guided by prior fine-needle aspiration mapping in patients with nonobstructive azoospermia. *Fertil Steril.* 1999 Mar; 71(3):552-7. PMID: 10065797
8. Meng MV, Brandes SB, McAninch JW. Renal trauma: indications and techniques for surgical exploration. *World J Urol.* 1999 Apr; 17(2):71-7. PMID: 10367364
9. Meng MV, Werboff LH. Hematospermia as the presenting symptom of metastatic malignant melanoma of unknown primary origin. *Urology.* 2000 Aug 01; 56(2):330. PMID: 10925109

10. Meng MV, Cha I, Ljung BM, Turek PJ. Relationship between classic histological pattern and sperm findings on fine needle aspiration map in infertile men. *Hum Reprod.* 2000 Sep; 15(9):1973-7. PMID: 10966998
11. Meng MV, Carroll PR. When is pelvic lymph node dissection necessary before radical prostatectomy? A decision analysis. *J Urol.* 2000 Oct; 164(4):1235-40. PMID: 10992372
12. Meng MV, St Lezin M. Trimethoprim-sulfamethoxazole induced recurrent aseptic meningitis. *J Urol.* 2000 Nov; 164(5):1664-5. PMID: 11025739
13. Meng MV, Cha I, Ljung BM, Turek PJ. Testicular fine-needle aspiration in infertile men: correlation of cytologic pattern with biopsy histology. *Am J Surg Pathol.* 2001 Jan; 25(1):71-9. PMID: 11145254
14. Meng MV, Carroll PR. Local therapy for prostate-specific antigen recurrence after definitive treatment. *Prostate Cancer Prostatic Dis.* 2001; 4(1):20-27. PMID: 12497059
15. Meng MV, Kang SM, Duh QY, Stoller ML, Freise C. Laparoscopic live donor nephrectomy at the University of California San Francisco. *Clin Transpl.* 2001; 113-21. PMID: 12211773
16. Meng MV, Black LD, Cha I, Ljung BM, Pera RA, Turek PJ. Impaired spermatogenesis in men with congenital absence of the vas deferens. *Hum Reprod.* 2001 Mar; 16(3):529-33. PMID: 11228224
17. Meng MV, Carroll PR. Is it necessary to do staging pelvic lymph node dissection for T1c prostate cancer? *Curr Urol Rep.* 2001 Jun; 2(3):237-41. PMID: 12084271
18. Meng MV, Grossfeld GD, Williams GH, Dilworth S, Stoeber K, Mulley TW, Weinberg V, Carroll PR, Tlsty TD. Minichromosome maintenance protein 2 expression in prostate: characterization and association with outcome after therapy for cancer. *Clin Cancer Res.* 2001 Sep; 7(9):2712-8. PMID: 11555583
19. Rabban JT, Meng MV, Yeh B, Koppie T, Ferrell L, Stoller ML. Kidney morcellation in laparoscopic nephrectomy for tumor: recommendations for specimen sampling and pathologic tumor staging. *Am J Surg Pathol.* 2001 Sep; 25(9):1158-66. PMID: 11688575
20. Meng MV, Koppie TM, Duh QY, Stoller ML. Novel method of assessing surgical margin status in laparoscopic specimens. *Urology.* 2001 Nov; 58(5):677-81. PMID: 11711335
21. Hiramoto JS, Meng MV, McAninch JW, Hirose R. Successful transplantation of a donor kidney after penetrating grade 3 injury and renorrhaphy. *J Urol.* 2001 Dec; 166(6):2299. PMID: 11696758
22. Shekarriz B, Meng MV, Lu HF, Yamada H, Duh QY, Stoller ML. Laparoscopic nephrectomy for inflammatory renal conditions. *J Urol.* 2001 Dec; 166(6):2091-4. PMID: 11696713
23. Grossfeld GD, Carroll PR, Lindeman N, Meng M, Groshen S, Feng AC, Hawes D, Cote RJ. Thrombospondin-1 expression in patients with pathologic stage T3 prostate cancer undergoing radical prostatectomy: association with p53 alterations, tumor angiogenesis, and tumor progression. *Urology.* 2002 Jan; 59(1):97-102. PMID: 11796289
24. Meng MV, Anwar HP, Elliott SP, Stoller ML. Pure laparoscopic enterocystoplasty. *J Urol.* 2002 Mar; 167(3):1386. PMID: 11832740
25. Downs TM, Kane CJ, Grossfeld GD, Meng MV, Carroll PR. Surgery for prostate cancer: rationale, technique and outcomes. *Cancer Metastasis Rev.* 2002; 21(1):29-44. PMID: 12400995

26. Damani MN, Master V, Meng MV, Burgess C, Turek P, Oates RD, Masters V. Postchemotherapy ejaculatory azoospermia: fatherhood with sperm from testis tissue with intracytoplasmic sperm injection. *J Clin Oncol*. 2002 Feb 15; 20(4):930-6. PMID: 11844813
27. Meng MV, Grossfeld GD, Stoller ML. Renal carcinoma after laparoscopic cyst decortication. *J Urol*. 2002 Mar; 167(3):1396. PMID: 11832747
28. Deng DY, Meng MV, Grossfeld GD, Stoller ML. Simultaneous laparoscopic management of 3 urological malignancies. *J Urol*. 2002 May; 167(5):2125-6. PMID: 11956456
29. Master VA, Meng MV, Koppie TM, Carroll PR, Grossfeld GD. Origin of urothelial carcinoma after renal transplant determined by fluorescence in situ hybridization. *J Urol*. 2002 Jun; 167(6):2521-2. PMID: 11992074
30. Meng MV, Stoller ML. Laparoscopic intracorporeal square-to-slip knot. *Urology*. 2002 Jun; 59(6):932-3. PMID: 12031384
31. Elliott SP, Meng MV, Anwar HP, Stoller ML. Complete laparoscopic ileal cystoplasty. *Urology*. 2002 Jun; 59(6):939-43. PMID: 12031386
32. Meng MV, Grossfeld GD, Carroll PR, Small EJ. Neoadjuvant strategies for prostate cancer prior to radical prostatectomy. *Semin Urol Oncol*. 2002 Aug; 20(3 Suppl 1):10-8. PMID: 12198633
33. Park S, Meng MV, Greenberg MS, Deng DY, Stoller ML. Muconephrosis. *Urology*. 2002 Aug; 60(2):344. PMID: 12137843
34. Meng MV, Yeh BM, Breiman RS, Schwartz BF, Coakley FV, Stoller ML. Precaval right renal artery: description and embryologic origin. *Urology*. 2002 Sep; 60(3):402-5. PMID: 12350471
35. Deng DY, Meng MV, Nguyen HT, Bellman GC, Stoller ML. Laparoscopic linear cutting stapler failure. *Urology*. 2002 Sep; 60(3):415-9; discussion 419-20. PMID: 12350475
36. Meng MV, Grossfeld GD, Sadetsky N, Mehta SS, Lubeck DP, Carroll PR. Contemporary patterns of androgen deprivation therapy use for newly diagnosed prostate cancer. *Urology*. 2002 Sep; 60(3 Suppl 1):7-11; discussion 11-2. PMID: 12231037
37. Meng MV, Mario LA, McAninch JW. Current treatment and outcomes of perinephric abscesses. *J Urol*. 2002 Oct; 168(4 Pt 1):1337-40. PMID: 12352387
38. Downs TM, Kane CJ, Grossfeld GD, Meng MV, Carroll PR. Surgery for prostate cancer: rationale, technique and outcomes. *Cancer Metastasis Reviews* 21:29-44, 2002.
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40. Meng MV, Freise CE, Kang SM, Duh QY, Stoller ML. Techniques to optimize vascular control during laparoscopic donor nephrectomy. *Urology*. 2003 Jan; 61(1):93-7; discussion 97-8. PMID: 12559274
41. Rahman NU, Meng MV, Stoller ML. Infections and urinary stone disease. *Curr Pharm Des*. 2003; 9(12):975-81. PMID: 12678863

42. Meng MV, Miller TR, Cha I, Stoller ML. Cytology of morcellated renal specimens: significance in diagnosis and dissemination. *J Urol*. 2003 Jan; 169(1):45-8. PMID: 12478099
43. O'Connor AR, Coakley FV, Meng MV, Eberhardt SC. Imaging of retained surgical sponges in the abdomen and pelvis. *AJR Am J Roentgenol*. 2003 Feb; 180(2):481-9. PMID: 12540456
44. Meng MV, Shinohara K, Grossfeld GD. Significance of high-grade prostatic intraepithelial neoplasia on prostate biopsy. *Urol Oncol*. 2003 Mar-Apr; 21(2):145-51. PMID: 12856644
45. Meng MV, Freise CE, Stoller ML. Expanded experience with laparoscopic nephrectomy and autotransplantation for severe ureteral injury. *J Urol*. 2003 Apr; 169(4):1363-7. PMID: 12629362
46. Meng MV, Koppie TM, Stoller ML. Pathologic sampling of laparoscopically morcellated kidneys: a mathematical model. *J Endourol*. 2003 May; 17(4):229-33. PMID: 12816586
47. Yun EJ, Meng MV, Brennan TV, McAninch JW, Santucci RA, Rogers SJ. Novel microlaparoscopic technique for peritoneal dialysis catheter placement. *Urology*. 2003 May; 61(5):1026-8. PMID: 12736031
48. Purohit RS, Shinohara K, Meng MV, Carroll PR. Imaging clinically localized prostate cancer. *Urol Clin North Am*. 2003 May; 30(2):279-93. PMID: 12735504
49. Meng MV, Freise CE, Stoller ML. Sclerosing peritonitis. *Urology*. 2003 Jun; 61(6):1257-8. PMID: 12809916
50. Abrahams HM, Rahman NU, Meng MV, Stoller ML. Pure laparoscopic ileovesicostomy. *J Urol*. 2003 Aug; 170(2 Pt 1):517-8. PMID: 12853813
51. Meng MV, Franks JH, Presti JC, Shinohara K. The utility of apical anterior horn biopsies in prostate cancer detection. *Urol Oncol*. 2003 Sep-Oct; 21(5):361-5. PMID: 14670545
52. Abrahams HM, Meng MV, Stoller ML. Simplified pure laparoscopic bowel anastomosis. *Urology*. 2003 Sep; 62(3):547-9. PMID: 12946767
53. Gulati M, Meng MV, Freise CE, Stoller ML. Laparoscopic radical nephrectomy for suspected renal cell carcinoma in dialysis-dependent patients. *Urology*. 2003 Sep; 62(3):430-6. PMID: 12946741
54. Meng MV, Stoller ML. Hellström technique revisited: laparoscopic management of ureteropelvic junction obstruction. *Urology*. 2003 Sep; 62(3):404-8; discussion 408-9. PMID: 12946732
55. Harlan SR, Cooperberg MR, Elkin E, Lubeck DP, Meng M, Mehta SS, Carroll PR. Time trends and characteristics of men choosing watchful waiting for initial treatment of localized prostate cancer: results from CaPSURE. *J Urol*. 2003 Nov; 170(5):1804-7. PMID: 14532780
56. Chung HJ, Meng MV, Abrahams HM, Stoller ML. Upper quadrant access for urologic laparoscopy. *Urology*. 2003 Dec; 62(6):1117-9. PMID: 14665367
57. Meng MV, Stoller ML. Re: Laparoscopic radical nephrectomy: incorporating the advantages of hand assisted and standard laparoscopy. *J Urol*. 2003 Dec; 170(6 Pt 1):2390-1; author reply 2391. PMID: 14634430

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59. Chung HJ, Meng MV, Abrahams HM, Stoller ML. Laparoscopic appreciation of perirenal attachments. *Urology*. 2003 Dec; 62(6):983-7. PMID: 14665340
60. Abrahams HM, Meng MV, Freise CE, Stoller ML. Laparoscopic donor nephrectomy for pediatric recipients: outcomes analysis. *Urology*. 2004 Jan; 63(1):163-6. PMID: 14751374
61. Fraser ET, Coakley FV, Meng MV, Yeh BM, Joe BN, Qayyum A. Computed tomography and magnetic resonance imaging of inferior vena caval thrombus associated with metastasis to the kidney. *J Comput Assist Tomogr*. 2004 Jan-Feb; 28(1):131-3. PMID: 14716246
62. Yeh BM, Coakley FV, Meng MV, Breiman RS, Stoller ML. Precaval right renal arteries: prevalence and morphologic associations at spiral CT. *Radiology*. 2004 Feb; 230(2):429-33. PMID: 14752187
63. Kane CJ, Mitchell JA, Meng MV, Anast J, Carroll PR, Stoller ML. Laparoscopic partial nephrectomy with temporary arterial occlusion: description of technique and renal functional outcomes. *Urology*. 2004 Feb; 63(2):241-6. PMID: 14972462
64. Master VA, Meng MV, Grossfeld GD, Koppie TM, Hirose R, Carroll PR. Treatment and outcome of invasive bladder cancer in patients after renal transplantation. *J Urol*. 2004 Mar; 171(3):1085-8. PMID: 14767276
65. Yun EJ, Meng MV, Carroll PR. Evaluation of the patient with hematuria. *Med Clin North Am*. 2004 Mar; 88(2):329-43. PMID: 15049581
66. Abrahams HM, Meng MV, Freise CE, Stoller ML. Pure laparoscopic right donor nephrectomy: step-by-step approach. *J Endourol*. 2004 Apr; 18(3):221-5; discussion 225. PMID: 15225384
67. Stoller ML, Meng MV, Abrahams HM, Kane JP. The primary stone event: a new hypothesis involving a vascular etiology. *J Urol*. 2004 May; 171(5):1920-4. PMID: 15076312
68. Abrahams HM, Freise CE, Kang SM, Stoller ML, Meng MV. Technique, indications and outcomes of pure laparoscopic right donor nephrectomy. *J Urol*. 2004 May; 171(5):1793-6. PMID: 15076278
69. Greene KL, Meng MV, Elkin EP, Cooperberg MR, Pasta DJ, Kattan MW, Wallace K, Carroll PR. Validation of the Kattan preoperative nomogram for prostate cancer recurrence using a community based cohort: results from cancer of the prostate strategic urological research endeavor (capsure). *J Urol*. 2004 Jun; 171(6 Pt 1):2255-9. PMID: 15126797
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71. Greene KL, Meng MV, Abrahams HM, Freise CE, Stoller ML. Laparoscopic-assisted upper pole ureterocalicostomy using renal inversion and autotransplantation. *Urology*. 2004 Jun; 63(6):1182-4. PMID: 15183982

72. Keehner MM, Tendick F, Meng MV, Anwar HP, Hegarty M, Stoller ML, Duh QY. Spatial ability, experience, and skill in laparoscopic surgery. *Am J Surg*. 2004 Jul; 188(1):71-5. PMID: 15219488
73. Meng MV, Freise CE, Stoller ML. Laparoscopic nephrectomy, ex vivo excision and autotransplantation for complex renal tumors. *J Urol*. 2004 Aug; 172(2):461-4. PMID: 15247703
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82. Park S, Meng MV. Endoscopic and minimally invasive approaches to upper tract urothelial carcinoma. *Curr Opin Urol*. 2005 Sep; 15(5):336-41. PMID: 16093859
83. Purohit RS, Yeh BM, Meng MV. Spontaneous jejunal intussusception after open radical nephrectomy. *Urology*. 2005 Oct; 66(4):878-9. PMID: 16230160
84. Huiming Y, Chaomin W, Meng M. Vitamin A for treating measles in children. *Cochrane Database Syst Rev*. 2005 Oct 19; (4):CD001479. PMID: 16235283
85. Greene KL, Cowan JE, Cooperberg MR, Meng MV, DuChane J, Carroll PR. Who is the average patient presenting with prostate cancer? *Urology*. 2005 Nov; 66(5 Suppl):76-82. PMID: 16194711

86. Meng MV, Greene KL, Turek PJ. Surgery or assisted reproduction? A decision analysis of treatment costs in male infertility. *J Urol*. 2005 Nov; 174(5):1926-31; discussion 1931. PMID: 16217347
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90. Meng MV. Comparison of nonabsorbable polymer ligating and standard titanium clips with and without a vascular cuff. *J Endourol*. 2006 Jan; 20(1):78; author reply 78-9. PMID: 16426139
91. Camargo AH, Rubenstein JN, Ershoff BD, Meng MV, Kane CJ, Stoller ML. The effect of kidney morcellation on operative time, incision complications, and postoperative analgesia after laparoscopic nephrectomy. *Int Braz J Urol*. 2006 May-Jun; 32(3):273-9; discussion 279-80. PMID: 16813669
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101. Hsieh MH, Meng MV. Decision analysis and Markov modeling in urology. *J Urol*. 2007 Nov; 178(5):1867-74. PMID: 17868735
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Appendix B

Materials Considered

Case Documents

Pleadings

- Complaint, *Surgical Instrument Service Co., Inc. v. Intuitive Surgical, Inc.*, No. 3:21-cv-03496-VC (ECF 1) (May 10, 2021)
- Consolidated Amended Class Action Complaint, *In re: da Vinci Surgical Robot Antitrust Litigation*, Lead Case No. 3:21-cv-03825-VC (ECF 52) (Sept. 9, 2021)

Expert Reports

- *In re: da Vinci Surgical Robot Antitrust Litigation*, Lead Case No. 3:21-cv-03825-VC
 - Expert Report of Dr. Eugene Rubach (Dec. 1, 2022)
- *Surgical Instrument Service Co., Inc. v. Intuitive Surgical, Inc.*, No. 3:21-cv-03496-VC
 - Expert Report of Dr. Amandeep Mahal (Dec. 1, 2022)
- *Restore Robotics LLC v. Intuitive Surgical, Inc.*, Case No. 5:19-cv-55-TKW-MJF
 - Expert Report of Dr. John Bomalaski (Aug. 20, 2021)
- *Rebotix Repair, LLC v. Intuitive Surgical, Inc.*, Case No. 8:20-CV-02274
 - Expert Report of Dr. John Bomalaski (July 26, 2021)

Produced Documents

- Intuitive-00725731-748